Only

STATEMENT OF

PAGE 1 / 13 ·

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JONI FOR IOWA PO BOX 93441 ADDRESS (number and street) (Check if address is changed) **DES MOINES** 50393 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00546788 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FF0 =	4 (7)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	pplete the candidate
Nam Cand	e of didate	ERNST, JONI, , ,	
	didate / Affiliati	on REP Office Sought: House X Senate President	State IA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		
JONI FOR IOW	'A	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
DEFEND THE SENAT	- E 	
Mailing Address	228 S WASHINGTON ST STE 115	
Ü	ALEXANDRIA VA 22314 CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in p	oossession of committee
SZATHMA Full Name	RY, CHRISTINE, , ,	
Mailing Address	PO BOX 93441	
Maining Address		
	DES MOINES IA 50393	3
Title or Position	CITY STATE	ZIP CODE
COMPLIANCE DIRECTOR	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name HOBBS, Control of Treasurer	ABELL,,,	
Mailing Address	PO BOX 93441	
	DES MOINES IA 50393	
Title or Position TREASURER	CITY STATE Telephone number	ZIP CODE

	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, De	BANK OF AMERICA	
L	BANK OF AMERICA	
L	BANK OF AMERICA 600 N WASHINGTON ST	ZIP CODE
L	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE	ZIP CODE
Mailing Address Name of Bank, De	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE	ZIP CODE
Mailing Address Name of Bank, De	BANK OF AMERICA 600 N WASHINGTON ST ALEXANDRIA CITY STATE PAPOSITORY, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
ERNST MAJORI	ΓΥ COMMITTEE		
	228 S WASHINGTON ST STE 115		
Mailing Address			
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
resignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address	y by name, address (phone number – optional) CITY CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. N BRIDGE BANK	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. N BRIDGE BANK	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
ERNST VICTOR	Y 		
Mailing Address	PO BOX 93441		
	DES MOINES	IA I	50393
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representativ	e, or Leadership PAC Spons
ERNST VICTOR	YIOWA		
Mailing Address	PO BOX 93441		
	DES MOINES		50393
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint fy by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee Joint Joint by particular and	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Typoint To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of the	Affiliated Committee Affiliated Committee Typoint To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Typoint To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	Affiliated Committee Affiliated Committee Typoint To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	Affiliated Committee Affiliated Committee Typoint To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	Affiliated Committee Affiliated Committee Typoint To ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.	g Participant:			
		FEC II	number	С
2.		FEC II	number	С
3.		FEC II	number	С
4.		FEC II	number	С
Name of Any Connected GOP WINNING W	Organization, Affiliated Committee, Join VOMEN	t Fundraising Re _l	oresentativ	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115			
	ALEXANDRIA	I	VA	22314
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Full Name				
Mailing Address				
TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
		Telephone N	umber	
	ries: List all banks or other depositories in	which the commi	ttee deposi	ts funds, holds accounts, rents
safety deposit boxes or ma		which the commi	ttee deposi	ts funds, holds accounts, rents
safety deposit boxes or ma	aintains funds.			ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	aintains funds.			
safety deposit boxes or ma	aintains funds.			

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	GREAT IOWA FU	Organization, Affiliated Committee, Joint Fundra		, or Leadership PAC Sponsor
	Mailing Address	PO BOX 341027		
		AUSTIN	TX	78734
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representat	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisi n	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	C
7.		□ 	
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representativ	e, or Leadership PAC Sponsor
JONI'S ROAST A	ND RIDE		
Mailing Address	PO BOX 93441		
	DES MOINES	IA I	50393
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
Full Name	y by name, address (phone number – option		
Mailing Address			
			1
TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
Lilia de Position	<u> </u>	Telephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in aintains funds.	which the committee deposit	ts funds, holds accounts, rents
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
KEEP THE SEN	ATE RED		
Mailing Address	PO BOX 76024		
	WASHINGTON	, DC	20002
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spons
	Affiliated Committee Joint	t Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Ident		t Fundraising Representa	Leadership PAC Spons
Designated Agent: Ident		t Fundraising Representa	Leadership PAC Spons
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		Leadership PAC Spons
Designated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) Line (phone number – optional) CITY ▲		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit safety deposit boxes or response to the position of the positi	ify by name, address (phone number – optional) CITY ▲ CITY ▲ tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit safety deposit boxes or respectively.	ify by name, address (phone number – optional) CITY ▲ CITY ▲ tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit safety deposit boxes or response to the position of the positi	ify by name, address (phone number – optional) CITY ▲ CITY ▲ tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Title OR POSITION Deposition of Banks or Other Deposition of Bank, Depository, etc. Deposition of Bank, Deposition o	ify by name, address (phone number – optional) CITY ▲ CITY ▲ tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Title OR POSITION Deposition of Banks or Other Deposition of Bank, Depository, etc. Deposition of Bank, Deposition o	ify by name, address (phone number – optional) CITY ▲ CITY ▲ tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

g) or (h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected SENATE FIREWA	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
SENATE FIREVVA	ALL 2020		
Mailing Address	901 N WASHINGTON ST STE 700		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		indraising Represent	ative Leadership PAC Sponso
	Organization Affiliated Committee Joint Fu	Indraising Represent	ative Leadership PAC Sponso
Designated Agent: Identify		Indraising Represent	Leadership PAC Sponso
Designated Agent: Identify Full Name		Indraising Represent	Leadership PAC Sponso
Designated Agent: Identify Full Name			Leadership PAC Sponso
Designated Agent: Identify Full Name	by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	by name, address (phone number – optional) CITY Teleptries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Teleptries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	by name, address (phone number – optional) CITY Teleptries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Teleptries: List all banks or other depositories in which the	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected THE VICTORY C	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 60148		
		WASHINGTON	DC	20039
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8.		y by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address	CITY A	STATE A	
	Full Name Mailing Address TITLE OR POSITION	CITY A Te ries: List all banks or other depositories in which	elephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Te ries: List all banks or other depositories in which	elephone Number	ZIP CODE 🛦